

# AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

## Section 4.c:

### **Institutional (Outpatient/Clinic UB)**




AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS


File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail Address Bar Go Links

Address: https://azwebtst.statemedicaid.us/ClaimSubmission/Default.asp?Provider\_ID=436198



# Arizona Health Care Cost Containment System



Main Menu :: FAQ :: LogOut ::

### Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

### Account Information

User Name: axescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.35

AHCCCS Provider ID: 436198

User Account

## Claim Submission

### Enter New Claim

Type of Claim: Institutional


- Professional
- Institutional**
- Dental

### View Status

Date of Submission:

Click on the down arrow

Click on Institutional



Privacy Policy | Contact AHCCCS

AHCCCS, 801 E. Jefferson, Phoenix, AZ 85034, (602) 417-4000

Copyright 2003 AHCCCS, All Rights Reserved


start | Inbox - Microsoft Out... | AHCCCS Online - Micr... | SESSION1 - EXTRAI P... | SESSION2 - EXTRAI P... | Document1 - Microsof... | 7:53 AM

AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS


File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites RSS Feeds Print Mail

Address [https://azwebtst.statemedicaid.us/ClaimSubmission/Default.asp?Provider\\_ID=436198](https://azwebtst.statemedicaid.us/ClaimSubmission/Default.asp?Provider_ID=436198) Go Links



# Arizona Health Care Cost Containment System



:: Main Menu :: FAQ :: LogOut ::

## Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

## Claim Submission

### Enter New Claim

Type of Claim:


Click on Go

### View Status

Date of Submission:

## Account Information

User Name:	awescobedo
User ID:	0000020
Type:	Individual
IP:	170.68.241.35
AHCCCS Provider ID:	436198
User Account	



CONFIRMED  
SECURE WEB SITE  
Cost Containment  
CLICK TO VERIFY  
FEB 26 2007 7:54:48

Privacy Policy | Contact AHCCCS

AHCCCS, 801 E. Jefferson, Phoenix, AZ 85034, (602) 417-4000

Copyright 2003 AHCCCS, All Rights Reserved

start | Inbox - Microsoft Out... | AHCCCS Online - Micr... | SESSION1 - EXTRA! P... | SESSION2 - EXTRA! P... | Document1 - Microsof... | 7:54 AM

AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS

File Edit View Favorites Tools Help

Back Search Favorites

Address <https://azwebbst.statemedicaid.us/ClaimSubmission/Institutional-1.asp> Go Links

# Arizona Health Care Cost Containment System

ARIZONA @YOUR SERVICE

Main Menu :: FAQ :: LogOut ::

### Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

### Institutional Claim Information

Service Provider				
Provider ID	National Provider ID (NPI)	Location	Tax ID	Name
123456			123456789	<input type="button" value="Find..."/>

**Note:**

As of March 1, 2008 the NPI ID number will be required.

### Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.46


AHCCCS Provider ID: 436198

User Account

Type your AHCCCS Provider ID number here

Type your Tax ID number here

Then click the **Find Button**



us - Arizona Health

HIGH ASSURANCE SSL

JUN 13 2007 7:52:01

Privacy Policy | Contact AHCCCS

AHCCCS, 801 E. Jefferson, Phoenix, AZ 85034, (602) 417-4000

Copyright 2003 AHCCCS, All Rights Reserved

Done Internet

start Inbox - Microsof... K:\WINWORD\J... 3 Microsoft Off... Microsoft Excel -... SESSION1 - EXT... AHCCCS Online - ... 7:52 AM

AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <https://azwebstst.statemedicaid.us/ClaimSubmission/Institutional-1.asp> Go Links

Arizona Health Care Cost Containment System

ARIZONA @ YOUR SERVICE

Main Menu :: FAQ :: LogOut ::

Main Menu

Eligibility and Enrollment Status
Provider Information
Claim Status
Electronic Remittance Advice
Prior Authorization Inquiry
Newborn Notification
Claim Submission
Provider Verification

Account Information

User Name: awescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.46
AHCCCS Provider ID: 436198
User Account

Institutional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456		01	123456789	The Place	NURSING HOME

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A12345678			

Type the Member's AHCCCS ID #

Then Click on Find

Privacy Policy | Contact AHCCCS

AHCCCS, 801 E. Jefferson, Phoenix, AZ 85034, (602) 417-4000

Copyright 2003 AHCCCS, All Rights Reserved

Done

start
Inbox - Microsof...
K:\WINWORD\I...
3 Microsoft Off...
Microsoft Excel ...
SESSION1 - EXT ...
AHCCCS Online - ...
8:12 AM

AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS

File Edit View Favorites Tools Help

Address: https://azwebbst.statemedicaid.us/ClaimSubmission/Institutional-1.asp

Links: AHCCCS - Public Website AHCCCS Public Website Arizona Government University Customize Links Free Hotmail State Of Arizona Weekly Job Announcements Windows

# Arizona Health Care Cost Containment System

[Main Menu](#)
[FAQ](#)
[LogOut](#)

## Institutional Claim Information

[Eligibility and Enrollment Status](#)  
[Provider Information](#)  
[Claim Status](#)  
[Electronic Remittance Advice](#)  
[Prior Authorization Inquiry](#)  
[Newborn Notification](#)  
[Claim Submission](#)  
[Provider Verification](#)

**Service Provider**

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456		01	123456789	The Place	NURSING HOME

**Recipient**

AHCCCS ID	Name	Date of Birth	Gender
12345678	Doe, Jane	09/30/2006	F

**Statement Covers Period**

From	Through	Covered Days	Non-Covered Days	Coinsurance Days	Lifetime Reserve Days
01/01/2007	01/31/2007	31			

**Admission**

Admission Date	Admission Hour	Admission Type	Admission Source	Discharge Hour	Type of Bill	Original Reference Number
01/01/2007		3	6		213	

**Condition Codes**

Patient Status	1	2	3	4	5	6	7	8
30								

**Patient's Account Number**: DOEJ

**Medical Record Number**: 1234

**Previous** **Next >**

**Note:** There are built-in edits that won't allow claim entry to continue until required fields are completed. If a required field is blank an edit message will appear asking for the information. When the edit message is clicked, the cursor will go to the field that requires the information.

**Enter the From and Through dates**

**Enter the Covered Days (Span date)**

**Enter Admission Date**

**Click on the down arrow, and then click the Admit Type**

**Enter Patient Account #. Must have something in this box**

**Enter Bill Type**

**Click on the down arrow, and then click the Source Type**

**Click on the down arrow, and then click the Patient Status**

**When done, click on Next**



[:: Main Menu ::](#) [FAQ](#) [LogOut](#)

[Help](#)

Account Information

User Account





Type all other  
Diagnosis  
Codes here  
without the  
decimal

[Help](#)

### Diagnosis Codes

Principal	1	2	3	4	5	6	7	8	Admitting	E-Code
1234	12345	12340								

					Principal Procedure	
Attending Physician ID	Attending Physician NPI	Prior Authorization No.	Medicare Paid	Other Insurance	Code	Date
			\$	\$		

Other Procedure 1		Other Procedure 2		Other Procedure 3		Other Procedure 4		Other Procedure 5	
Code	Date	Code	Date	Code	Date	Code	Date	Code	Date

Referring Provider NPI	Billing Provider NPI



[← Previous](#)

[Next >](#)

Click Next

[Privacy Policy](#) | [Contact AHCCCS](#)

AHCCCS, 801 E. Jefferson, Phoenix, AZ 85034, (602) 417-4000

Copyright 2003 AHCCCS, All Rights Reserved




AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS


File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <https://azwebbst.statemedicaid.us/ClaimSubmission/Institutional-4.asp> Go Links



# Arizona Health Care Cost Containment System



Main Menu :: FAQ :: LogOut ::

## Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

## Account Information

User Name: awescobedo


User ID: 0000020

Type: Individual

IP: 170.68.241.46

AHCCCS Provider ID: 436198

User Account



us - Arizona Health

HIGH ASSURANCE SSL

JUN 13 2007 7:35:146

## Institutional Claim Information

Service Lines

	Revenue Code	NDC Code	HCPCS Code	Modifier 1	Modifier 2	Service Date	Service Units	Billed Amount	Non-Covered Amount	Delete
1	0193						31	\$ 5459.72	\$	
2								\$	\$	
3								\$	\$	
4								\$	\$	
5								\$	\$	
6								\$	\$	
7								\$	\$	
8								\$	\$	
9								\$	\$	
10								\$	\$	

Add More Service Lines...

< Previous Submit

Privacy Policy | Contact AHCCCS

AHCCCS, 801 E. Jefferson, Phoenix, AZ 85034, (602) 417-4000

Copyright 2003 AHCCCS, All Rights Reserved

Enter the Revenue Code for each line

Enter the Service Units/days for each line

Enter the Billed Amount for each line

When done, click on **Submit**


If additional lines are needed, click here

AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS


File Edit View Favorites Tools Help

Back Search Favorites

Address <https://azwebbst.statemedicaid.us/ClaimSubmission/Confirmation.asp> Go Links



# Arizona Health Care Cost Containment System



:: Main Menu :: FAQ :: LogOut ::

## Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

## Account Information

User Name:	awescobedo
User ID:	0000020
Type:	Individual
IP:	170.68.241.35
AHCCCS Provider ID:	436198
User Account	

## Claim Entry Confirmation


Transmission Status: Successful  
Claim Type: Institutional  
Patient Account Number: 123456

[View Claim](#) [Enter New Claim](#)

Click on

[View Claim](#)

This will let you view what was entered and allow you to make changes/corrections to the claim, if necessary



d.us - Arizona Health  
HIGH ASSURANCE SSL  
FEB 26 2007 8:22:12

Privacy Policy | Contact AHCCCS

AHCCCS, 801 E. Jefferson, Phoenix, AZ 85034, (602) 417-4000

Copyright 2003 AHCCCS, All Rights Reserved

Done Internet

start Inbox - Microsoft Out... AHCCCS Online - Mic... SESSION1 - EXTRA! P... SESSION2 - EXTRA! P... Document1 - Microsof... 8:22 AM

https://azwebstst.statemedicaid.us/ClaimSubmission/Institutional-Summary.asp - Microsoft Internet Explorer provided by AHCCCS

File Edit View Favorites Tools Help

Back Search Favorites

Address https://azwebstst.statemedicaid.us/ClaimSubmission/Institutional-Summary.asp Go Links

### Arizona Health Care Cost Containment System Institutional Claim Submission

Recipient:		Service Provider:	7924
Patient's Account Number:	DOEJ	Medical Record Number:	1234
Admission Date:	1/1/2007	Statement Covers Period:	01/01/2007 - 01/31/2007
Admission Hour:		Bill Type:	213
Admission Type:	3	Attending Physician ID:	
Admission Source:	6	Original Reference Number:	
Discharge Hour:		Prior Authorization Number:	
Coinurance Days:		Medicare Paid Amount:	
Lifetime Reserve Days:		Principal Procedure Code:	
Covered Days:	31	Principal Procedure Date:	
Non-Covered Days:		Patient Status:	30
Admitting Diagnosis Code:		E-Code:	
Principal Diagnosis Code:	3449	Other Insurance Amount:	
Service Provider NPI:		Billing Provider NPI:	
Referring Provider NPI:		Attending Provider NPI:	

Value Codes/Amounts	Condition Codes	Other Diagnosis Codes	Occurrence Codes/Dates	Other Procedure Codes/Dates	Span Codes/Dates
1	1	1 29590	1	1	1 -
2	2	2	2	2	2 -
3	3	3	3	3	
4	4	4	4	4	
5	5	5	5	5	
6	6	6	6		
7	7	7	7		
8	8	8	8		
9					
10					
11					
12					

Click on [Edit Current Claim](#) to fix errors or make changes to the claim.

Click on [Enter New Claim](#) to enter another claim

#### Service Lines

Line #	Revenue Code	NDC Code	HCPCS Code	Modifier 1	Modifier 2	Service Date	Service Units	Billed Amount	Non-Covered Amount
1	0193						31	5,459.72	0.00

Done Internet


start | Inbox - Microsof... | K:\WINWORD\I... | 2 Microsoft Off... | Microsoft Excel -... | https://azwebst... | SESSION1 - EXT... | 7:38 AM

AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS


File Edit View Favorites Tools Help

Back Search Favorites

Address <https://azwebbst.statemedicaid.us/ClaimSubmission/Default.asp> Go Links



# Arizona Health Care Cost Containment System



:: Main Menu :: FAQ :: LogOut ::

## Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

## Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.46

AHCCCS Provider ID: 436198

User Account

## Claim Submission

### Enter New Claim

Type of Claim: Professional Go...

### View Status

Date of Submission: 06/13/2007 Go...

If a provider wants to see a list of all the claims entered on a specific date, just type that date here

Then click Go



Privacy Policy | Contact AHCCCS

AHCCCS, 801 E. Jefferson, Phoenix, AZ 85034, (602) 417-4000

Copyright 2003 AHCCCS, All Rights Reserved

start Inbox - Microsof... K:\WINWORD\I... 2 Microsoft Off... Microsoft Excel -... AHCCCS Online - ... SESSION1 - EXT... 7:44 AM

https://azwebtst.statemedicaid.us/ClaimSubmission/ClaimSubmissionStatus.asp?SubmissionDate=06/1 - Microsoft Internet Explorer p

File Edit View Favorites Tools Help

Back Search Favorites

Address https://azwebtst.statemedicaid.us/ClaimSubmission/ClaimSubmissionStatus.asp?SubmissionDate=06%2F13%2F2007&button2=Go... Go Links

### Arizona Health Care Cost Containment System Online Claim Submissions

Claim Type	Submission Date/Time	Patient Account Number	Status	Processing Date/Time	CRN	Adjudication
Institutional	6/13/2007 7:38:14 AM	DOEJ	Pending			
Institutional	6/13/2007 7:45:38 AM	DOEJ	Pending			

Record Count: 2

< Previous

This page will show if the claim is pending, paid, or denied. You can still edit any claim in a pended status by clicking on the Patient Account #. You can also print this page for your record.

**Note:**

Set your printer to print landscape if you want to print this page for your record.

Done Internet

start Inbox - Microsof... K:\WINWORD\I... 2 Microsoft Off... Microsoft Excel -... https://azwebtst... SESSION1 - EXT... 7:44 AM